

Engagement Survey

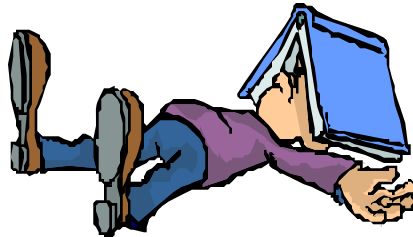
Check the box that best describes how you feel.

☐

I really liked the activity and lesson!
I would like to do more stuff like
this. I did my best!

☐

The activity and lesson were
okay. I did what I had to do.

☐

I did NOT like this activity and
lesson. I do NOT want to do
stuff like this again. I just wanted
to get it over with.

What was your favorite part?

What was your least favorite part?
